

1
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03890

03873

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
10. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or print)		First <i>cecil</i>	Middle <i>Clifton</i>	Last <i>Brooks</i>	2a. DATE OF DEATH Month <i>3</i>	Day <i>5</i>	Year <i>68</i>	2b. HOUR <i>12:35pm</i>	
3. SEX <i>male</i>		4. RACE <i>white</i>		5. DATE OF BIRTH <i>2-24-05</i>		6. AGE (In years last birthday) <i>63</i> YRS.			
7a. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>Calvert County</i>			
10. CITY OR TOWN OF DEATH <i>Prince Frederick</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Calvert County Hosp.</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Boilermaker</i>			12b. KIND OF BUSINESS OR INDUSTRY <i>Boilermaker</i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Maryland</i>		13b. COUNTY <i>Calvert</i>		13d. INSIDE CITY LIMITS? <i>YES</i> <input type="checkbox"/> <i>NO</i> <input checked="" type="checkbox"/>		13e. STREET AND NUMBER <i>Bl - Bay 182</i>			
14. FATHER'S NAME First <i>Benjamin</i>		Middle <i>Brooks</i>	Last <i>Brooks</i>	15. MOTHER'S MAIDEN NAME First <i>Virginia</i>		Middle <i>Parker</i>	Last <i>Parker</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>no</i>		16b. SOCIAL SECURITY NO. <i>190-01-8602</i>		17. INFORMANT <i>Gertrude Brooks</i>			Address <i>Prince Frederick, Md</i>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY.</p> <p>IMMEDIATE CAUSE (a) <i>149X</i> <i>Carcinoma of stomach</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> <i>148X</i> <i>of throat</i></p> <p>DUE TO, OR AS A CONSEQUENCE OF (b) " " (c) " "</p> <p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)</p>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <i>YES</i> <input type="checkbox"/> <i>NO</i> <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. <i>19</i> Month <i>Day</i> <i>Year</i> <i>P.M.</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>at work</i>					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. <i>310</i>	City or Town <i>16</i>	County <i>3/5</i>	State		
<p>22a. I certify that (I) (this hospital) attended the deceased from <i>1968</i>, to <i>1968</i>, that (I) (we) last saw the deceased alive on <i>1968</i>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.</p>									
22b. SIGNATURE <i>J. Weems</i>		DEGREE <i>George J. Weems, M.D.</i>	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED <i>3-5-68</i>				
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>Huntingtown, Md</i>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Mar. 9, 1968</i>	23c. NAME OF CEMETERY OR CREMATORIAL SERIAL <i>Brookside Cemetery</i>		23d. LOCATION (City or Town) <i>Maryland, Berkeley County</i>			(County) <i>West Virginia</i>	(State)
24. FUNERAL DIRECTOR <i>A. A. Harkness & Son, Port Republic, Md. 20676</i>		ADDRESS		25a. REC'D BY REGISTRAR DATE <i>MAR 7 1968</i>		25b. REGISTRAR'S SIGNATURE			

FOR STATE
HEALTH DEPT03821 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03874

1. DECEASED NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN OF ESTI- MATED	Month	Day	Year	2b. HOUR
<i>Joseph</i>					<i>Brown</i>	<input type="checkbox"/>	3	8	18	24
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years (1st birth day)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS DAYS					
<i>M</i>	<i>SC</i>	<i>Dec 1907</i>	<i>60</i> YRS.							

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	9. COUNTY OF DEATH
<i>Md</i>	<i>Yes</i>	<input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<i>Calvert</i>

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
<i>Huntington</i>		<i>Retired</i>	

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
<i>Calvert Md</i>	<i>Huntington</i>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last
<i>Sam</i>				<i>Brown</i>	<i>Betty</i>	<i>Elles</i>	

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
<i>No</i>		<i>Son of Leroy Huntington</i>	

18. CAUSE OF DEATH (Enter only one cause per line) (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DUE TO, OR AS A CONSEQUENCE OF <i>Cardiac failure</i>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
<i>1924</i>	<i>(b) Has been a</i>	<i>years</i>
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	<i>(c) a</i>	
<i>1924</i>	<i>circle for years</i>	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
<i>had nothing in char</i>		

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

MEDICAL CERTIFICATION		21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
			<i>P.M.</i>	<i>19</i>		
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>						
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ACTUAL SIGNATURE <i>H. W. Ward</i>	M.D.	CHIEF MEDICAL EXAMINER <input type="checkbox"/>
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>
		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>
		ADDRESS (Street, city, town, or county)

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL	23d. LOCATION (City or Town)	(County)	(State)
<i>Burial</i>	<i>3-9-68</i>	<i>Mt. Hope Church Cem.</i>	<i>Sunderland</i>	<i>Calvert, Md.</i>	

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
<i>Leroy E. Berry</i>	<i>Huntington, Md.</i>	<i>DAT MAR 8 1968</i>	<i>Charles J. ...</i>

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03892
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH
03875

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. direct, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Aleatha	Middle	Last Chase	2a. DATE OF DEATH Month March	Day 30	Year 60	2b. HOUR 8:40P
3. SEX Female	4. RACE Negro	5. DATE OF BIRTH 8-10-91		6. AGE (In years lost birthday) 76		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert			
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN Chesapeake Beach	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Boots			
14. FATHER'S NAME Henry Thomas	First	Middle	Last	15. MOTHER'S MAIDEN NAME Suzanna	Middle	Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 215-54-5033-T	17. INFORMANT Ollie Chase, Ches. Beach, Md.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7824 Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. 7824				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)							
19a. MEDICAL CERTIFICATION DATE X		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 3/30/1968 to 3/30/1968, that (I) (we) last saw the deceased alive on 3/30/1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE George J. Weems		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED APR 2 1968	
22d. PHYSICIAN'S NAME (Type) George J. Weems, M.D.		22e. ADDRESS Huntingtown, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4-3-68	23c. NAME OF CEMETERY OR CREMATORIAL St. Edmonds Ch.Cem.	23d. LOCATION (City or Town) Sunderland		(County) Cal.	(State) Md.
24. FUNERAL DIRECTOR Lentzey E. Deewell, Prince Frederick, Md.		ADDRESS		25a. REC'D BY REGISTRAR APR 2 1968	25b. REGISTRAR'S SIGNATURE Charles J. Deewell		
30M REV. 1/68				DATE			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03876

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED NAME (Type or print)	First Wilfred	Middle Lyons	Last Cox	2a. DATE OF DEATH Month 3	Day 25	Year 68	2b. HOUR 6:00 p.m.			
3. SEX male	4. RACE White	5. DATE OF BIRTH 2-18-95		6. AGE (In years last birthday) 73 yrs.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN		
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert						
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) farmer		12b. KIND OF BUSINESS OR INDUSTRY Farming					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. CITY OR TOWN Calvert	13c. COUNTY Huntingtown	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER						
14. FATHER'S NAME First Ernest	Middle Cox	Last	15. MOTHER'S MAIDEN NAME First Claude	Middle C	Last Lyons					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes	16b. SOCIAL SECURITY NO. WWI	17. INFORMANT 212-10-0772 Vivian C. Duncan		Address Lusby, Md.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 minutes				
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) Coronary Occlusion Coronary Insufficiency						5 years				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4201										
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County		State			
22a. I certify that (I) (this hospital) attended the deceased from Aug. 3, 1965, to March 25, 1968, that (I) (we) last saw the deceased alive on March 25, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <i>Page C. Jett</i>	DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 3-26-68						
22d. PHYSICIAN'S NAME (Type) Page C. Jett, M.D.	22e. ADDRESS Prince Frederick, Maryland									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 27, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Huntingtown Chr. Cemetery	23d. LOCATION (City or Town) Huntingtown	(County) Calvert		(State) Md.				
24. FUNERAL DIRECTOR Hutchins Funeral Home	ADDRESS Owings, Md.		25a. REC'D BY REGISTRAR DATE MAR 29 1968	25b. REGISTRAR'S SIGNATURE <i>Charles George</i>						
VR A15 30M REV. 1/88										

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, dates and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A19-11
30M REV 1/6

1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH							
Leon			A.	Duke		Month	Day	Year					
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (in years last birthday)		7. IF UNDER 1 YEAR		8. IF UNDER 24 HRS.			
Male		Negro		4/3/1892		75		MONTHS	YEARS	HOURS	MIN.		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		9. COUNTY OF DEATH		Md.					
Maryland		USA		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Calvert Co.							
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY							
Prince Frederick		Prince Frederick		Labor									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER					
Md.		Calvert		Pr. Fred.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		none					
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last				
Henry			Duke		Edith				Tabb				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address							
yes WWI		579-10-4366A		Florence Duke		Prince Frederick							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)													
PART I. DEATH WAS CAUSED BY:													
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH													
410.9													
DUE TO, OR AS A CONSEQUENCE OF <u>Secondary arteriosclerosis</u> <u>410.9</u>													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
420/													
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State			
22a. I certify that (I) (his/hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.													
22b. SIGNATURE <u>J. Williams</u>		22c. DEGREE ATTENDING PHYS.		<input type="checkbox"/> MED. DIRECTOR		<input type="checkbox"/> STAFF PHYS.		22c. DATE SIGNED <u>5/1/1968</u>					
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <u>R. de V. Green</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/27/68		23c. NAME OF CEMETERY OR CREMATORIAL Carrolls Ch. Cem.		23d. LOCATION (City or Town) (County) (State)							
24. FUNERAL DIRECTOR <u>P. E. Howell Prince Fred., Md.</u>		ADDRESS		25a. REC'D. BY REGISTRAR DATE MAR 26 1968		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>							

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

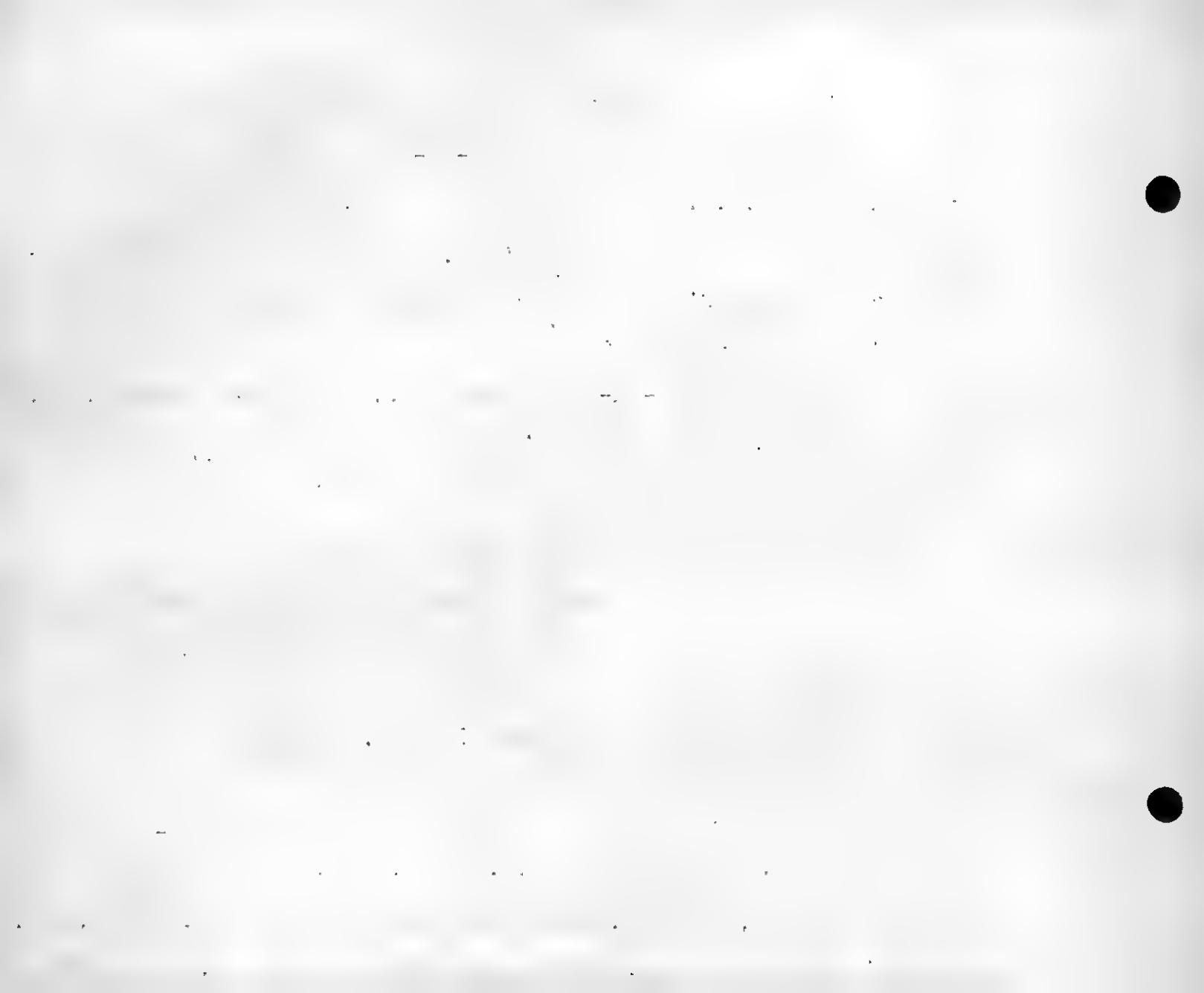
CERTIFICATE OF DEATH

03878

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)			First Adams	Middle Edward	Last Dyer	2a. DATE OF DEATH Month 3	Day 11	Year 68	2b. HOUR 12:00PM	
3. SEX male		4. RACE white		5. DATE OF BIRTH 5-30-86		6. AGE (In years last birthday) 81 YRS		IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. DAYS HOURS MIN		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert County				
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Mechanic		12b. KIND OF BUSINESS OR INDUSTRY Navy Yard				
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Maryland		13b. COUNTY Calvert		13c. CITY OR TOWN Chesapeake Beach		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER		
14. FATHER'S NAME James		First Middle Thomas		Last Dyer		15. MOTHER'S MAIDEN NAME Mary		Middle Last Adams		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 578-44-7208		17. INFORMANT Francis C. Dyer		Address North Beach, Md.				
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) _____</p> <p>DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause last. (b) _____</p> <p>DUE TO, OR AS A CONSEQUENCE OF (c) _____</p> <p>19. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 7 x 14</p>										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from May 18, 1966, to March 11, 1968, that (I) (we) last saw the deceased alive on March 11, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <i>James</i>		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 3-11-68					
22d. PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D.		22e. ADDRESS Prince Frederick, Maryland								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 14, 1968	23c. NAME OF CEMETERY OR CREMATORIAL Wash. National Cemetery		23d. LOCATION (City or Town) Suitland		(County) Pr. George, s Md.		(State)	
24. FUNERAL DIRECTOR Hutchins Funeral Home		ADDRESS Owings, Md.		25a. REC'D BY REGISTRAR DATE MAR 13 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>				



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate writing the word "pending" in pencil in Item 18 Give pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Item 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print)		First	Middle	Lost	2a. DATE KNOWN OF DEATH ESTIMATED	Month	Day	Year	2b. HOUR		
<i>42218</i>				<i>Harris</i>	<input checked="" type="checkbox"/>	3	13	1968	M		
3. SEX	RACE	DATE OF BIRTH	6. AGE (In years last birthday)	7. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	8. IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD Month Day Year			2d. HOUR		
<i>2</i>	<i>C</i>	<i>Sept 15 '96</i>	<i>71</i> YRS			Month	Day	Year	M		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>Carroll</i>					
10. CITY OR TOWN OF DEATH <i>Prince Frederick</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>Working</i>			12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) STATE <i>Md</i>		13b. COUNTY <i>Carroll</i>		13c. CITY OR TOWN <i>BF</i>			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER	
14. FATHER'S NAME <i>Henry Higgins</i>		Middle	Lost	15. MOTHER'S MAIDEN NAME <i>Rachel Parker</i>							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <i>No</i>		16b. SOCIAL SECURITY NO		17. INFORMANT <i>E Harris, Prince Frederick</i>			ADDRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cardiovascular Renal Disease</i> DUE TO, OR AS A CONSEQUENCE OF <i>707</i> Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last <i>1/1</i> (c)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <i>Had been sick 3 days</i>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. <i>P.M.</i> 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. <i>Barstow</i>			City or Town	County	State		
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											22b. DATE SIGNED <i>3/13/68</i>
ACTUAL SIGNATURE <i>Harris</i>		EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/>			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
ADDRESS (Street, city, town, or county) <i>Carrollton Ch. Cem.</i>											
23a. FUNERAL CREMATION, REMOVAL (Specify)		23b. DATE <i>3/14/68</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Carrollton Ch. Cem.</i>			23d. LOCAT ON (City or Town) <i>Barstow</i>		(County) <i>Car.</i>	(State) <i>Md.</i>	
24. FUNERAL DIRECTOR <i>P. E. Sewell Prince Fred. Md.</i>		ADDRESS		25a. REC'D BY REGISTRAR DATE <i>MAR 21 1968</i>			25b. REGISTRAR'S SIGNATURE <i>James J. Hayes</i>				



FOR STATE
HEALTH DEPT.

1
TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 DECEASED NAME (Type or Print)	First	Middle	Last	2a DATE KNOWN OF ESTI- DEATH MATED	Month	Day	Year	2b HOUR		
2 DECEASED NAME	R	Hertzfeldt	Hertzfeldt	3	168	205				
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (in years last birthday)	7 F UNDER MONTHS	YEAR	IF UNDER 24 HRS		2c DATE PRONOUNCED DEAD		
M	W	3/19/39	29	YRS		MONTHS	2d HOUR	Month	Day	Year
7a BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY	8 MARRIED	NEVER MARRIED	9 COUNTY OF DEATH						
Wisconsin	Citizen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Calvert						
W-DOWED	DIVORCED									
10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a USUAL OCCUPATION (Kind of work done during most of working life, or retired)	12b KIND OF BUSINESS OR INDUSTRY							
Prince Frederick		12b	Business							
13a USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) STATE	13b COUNTY	13c INSIDE CITY LIMITS?	13e STREET AND NUMBER							
Wash.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	120 3.24TH ST.							
14 FATHER'S NAME	First	Middle	Last	15 MOTHER'S MAIDEN NAME	First	Middle	Last			
ELDON		CARL	HERTZFELDT	UNKNOWN						
16a WAS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
YES	1967-1968	UNKNOWN Identification Card								
18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	EXPOSURE OF NCKE									
IMMEDIATE CAUSE (a)	DUE TO, OR AS A CONSEQUENCE OF									
071.1	(b) PLANE CRASH									
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF									
800X	(c)									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
Body was blown to bits										
19a DATE OF OPERATION	19b CONDITON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?								
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
21a EXTERNAL CAUSE WAS PRIMAR Y OR CONTRIBUTING CAUSE OF DEATH		21b TIME OF INJURY Month, Day, Year HOUR A.M. 3/12 68 P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PLANE CRASH IN WOODS							
21d INJURY OCCURRED WHILE AT WORK	21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Prince Frederick Hunting Creek	21f LOCATION Street or RFD No City or Town County State								
22a I certify that I took charge of the remains described above, held an	Autopsy <input type="checkbox"/>	Inspection <input type="checkbox"/>	Inquiry <input type="checkbox"/>	and in my opinion						
death resulted from:	Natural causes <input type="checkbox"/>	Accident <input checked="" type="checkbox"/>	Suicide <input type="checkbox"/>	Homicide <input type="checkbox"/>						
ACTUAL SIGNATURE	H.W. Ward			M.D.						
EXAMINER'S NAME (Type)	H.W. WARD M.D.									
23a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE 3-15-68	23c NAME OF CEMETERY OR CREMATORIAL ADDRESS	23d LOCATION (City or Town) LA-CROSSE, WISCONSIN (County) (State)							
24 FUNERAL DIRECTOR			25a REG'D BY REGISTRAR MAR 19 1968 25b REGISTRAR'S SIGNATURE							

John M. Welch - Leonardtown, MD



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1898

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

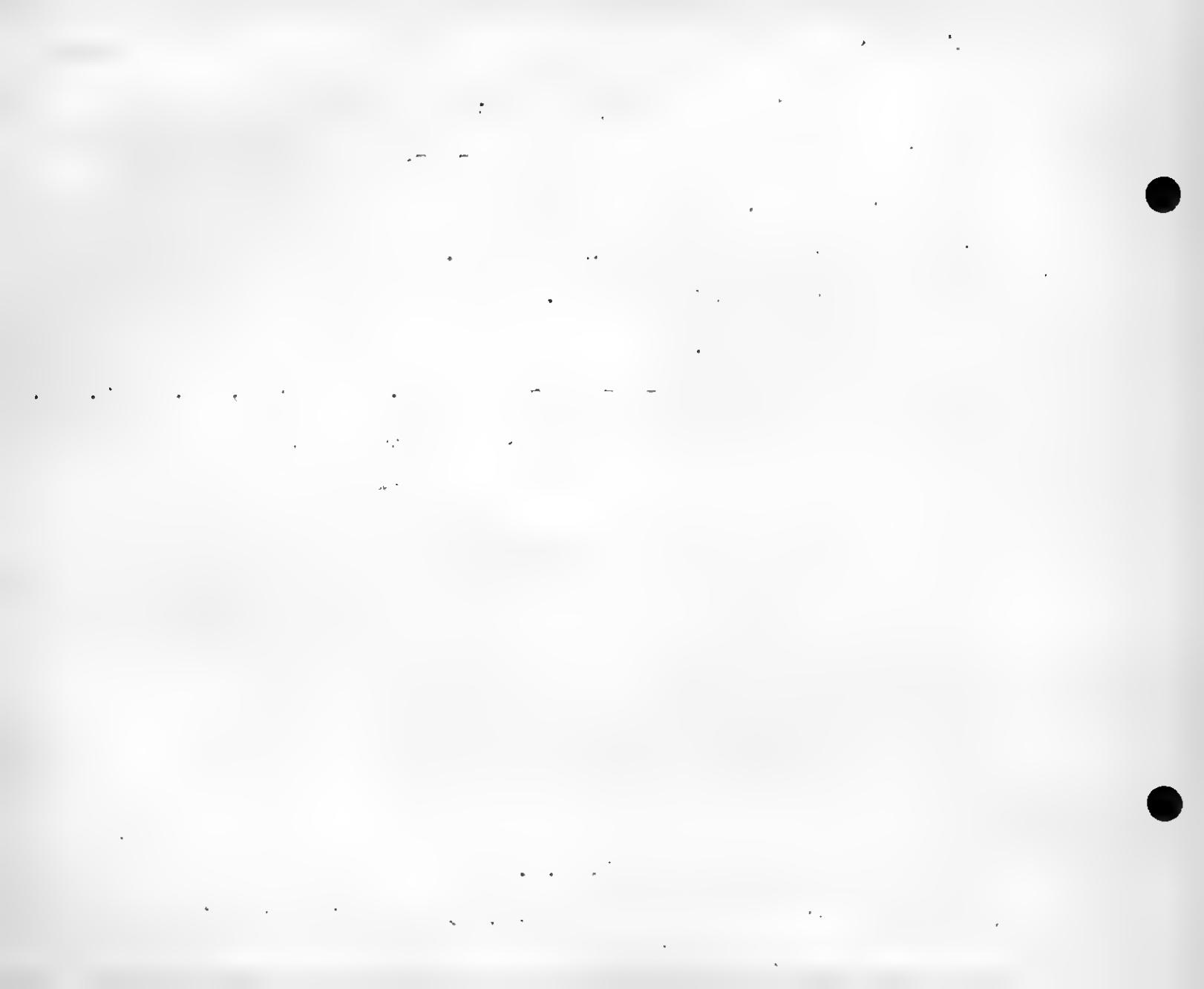
CERTIFICATE OF DEATH

03881

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Jessie	Middle Gregg	Last Horton	2a. DATE OF DEATH Month March	Day 9	Year 68	2b. HOURS 11:55	
3. SEX Female	4. RACE White	5. DATE OF BIRTH 8-10-88		6. AGE (In years last birthday) 79	7. IF UNDER 1 YEAR MONTHS 0		8. IF UNDER 24 HRS. DAYS 0	
7a. BIRTHPLACE (State or foreign country) Tennessee	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Calvert				
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN Pr. Fred	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER x				
14. FATHER'S NAME First Samuel	Middle Gregg	Last	15. MOTHER'S M AIDEN NAME First Ollie	Middle Johnson	Last			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. —	17. INFORMANT Hazel H. Goldstein, Pr. Fred. Md.	Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 41111 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING ETC)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE Issam El Damalouji		DEGREE	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED 3/9/68				
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Prince Frederick, Maryland						
23c. CEMETERY/CREMATORIUM, REMOVAL (Specify) Burial	23b. DATE 3/12/68	23c. NAME OF CEMETERY OR CREMATORIUM Union Cemetery	23d. LOCATION (City or Town) (County) (State) Newport, Calvert Co. Maryland					
24. FUNERAL DIRECTOR G.A. Harkness, Son, Port Republic, Md.	ADDRESS	25a. REC'D BY REGISTRAR MAR 12 1968		25b. REGISTRAR'S SIGNATURE James J. Harkness				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

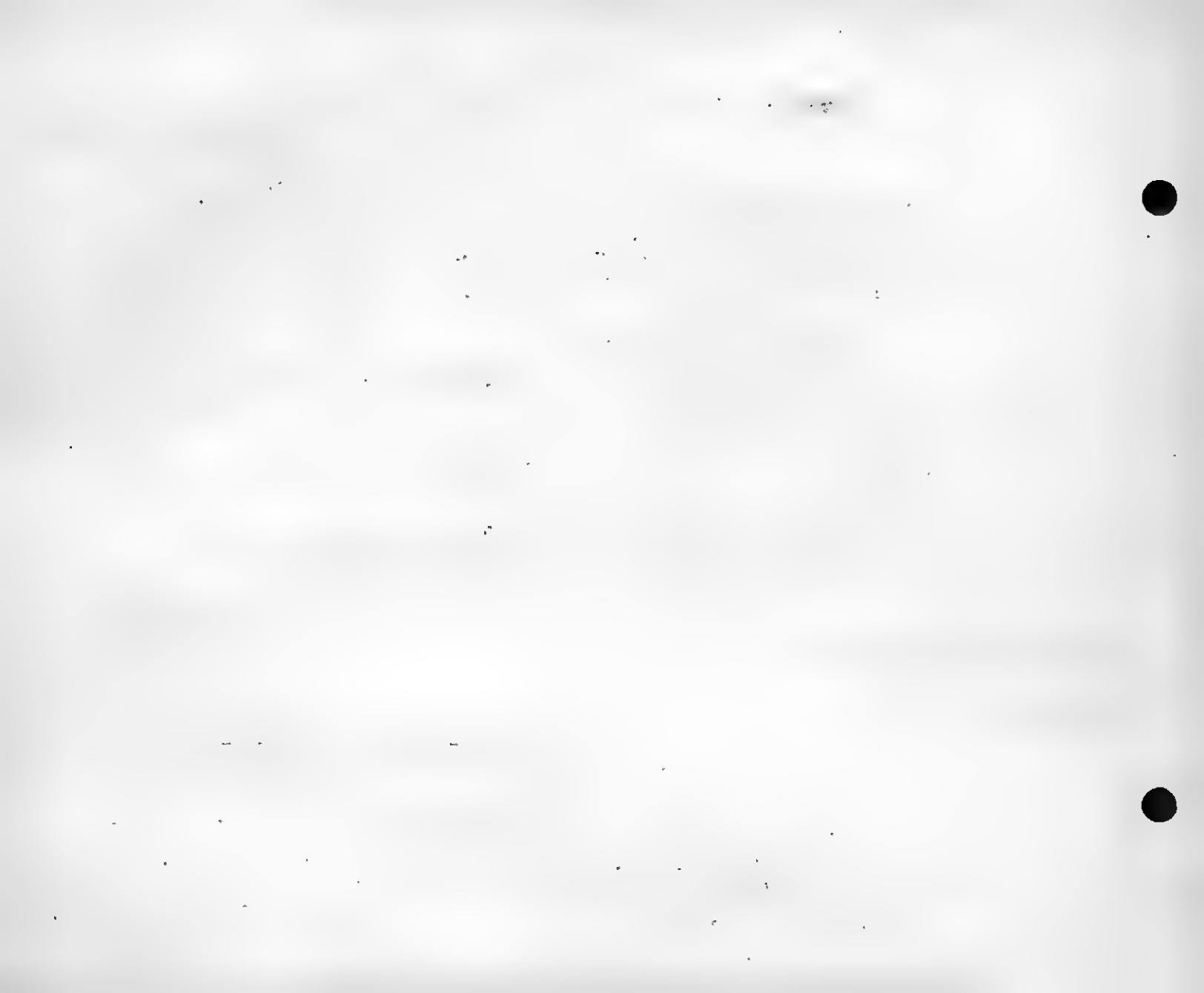
1. DECEASED NAME (Type or print)		First Sarah	Middle Jane	Last Howe	20. DATE OF DEATH Month 3	2b. HOUR Day 12 Year 68		
3. SEX female		4. RACE negro		5. DATE OF BIRTH 10-16-80		6. AGE (In years last birthday) 87	1E UNDER 3 YEAR MONTHS YRS.	1F UNDER 24 HRS. HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED WIDOWED		9. COUNTY OF DEATH Calvert		
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Md		
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland		13b. CITY OR TOWN Calvert		13c. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER		
14. FATHER'S NAME Richard		15. MOTHER'S MAIDEN NAME Russell		16. SOCIAL SECURITY NO.		17. INFORMANT Bernice Carter		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no		16b. SOCIAL SECURITY NO.		17. INFORMANT Bernice Carter		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		19. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		20. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1000				
(b)		21. DUE TO, OR AS A CONSEQUENCE OF Uremia (?)						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)								
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING □ CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County
22a. I certify that (1) (this hospital) attended the deceased from <u>March 25, 1968</u> , to <u>March 12, 1968</u> , that (1) (we) last saw the deceased alive on <u>March 12, 1968</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <u>Roberto de Villarreal</u>		DEGREE ATTENDING PHYS.	22c. MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED 3-12-68			
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Roberto de Villarreal, M.D.		St. Leonard, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-16-68		23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Ch. Cem.		23d. LOCATION (City or Town) (County) Sunderland Cal. Md.		
24. FUNERAL DIRECTOR Pinky E. Howell		ADDRESS Prince Frederick		25a. REC'D. BY REGISTRAR DATE MAR 19 1968		25b. REGISTRAR'S SIGNATURE Pinky Howell		

2. AD

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, then please remove carbon papers, pages 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)		Middle	Last	20. DATE OF DEATH Month	2b. HOUR Year		
Isaac			Jones	5 12	11 ¹³ AM		
3. SEX M	4. RACE C	5. DATE OF BIRTH July 7 1884		6. AGE (In years last birthday) 83 yrs			
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			
9. COUNTY OF DEATH Calvert Co.							
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Prince Frederick		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Farmer			
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Maryland		13b. COUNTY Calvert		13c. CITY OR TOWN Pr. Fred.	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
13e. STREET AND NUMBER							
14. FATHER'S NAME First Spencer		Middle Jones	15. MOTHER'S MAIDEN NAME First Clara	Middle Last			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, <input checked="" type="checkbox"/> or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT Address Florence Saunders Prince Frederick MD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 601X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks.			
				Chronic Urinary Infection 3 yrs.			
				Prostatism 11 +			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No	City or Town	County	State
22. I certify that (I) (this hospital) attended the deceased from 2-12-68, 1968, to 2-19-68, 1968, that (I) (we) last saw the deceased alive on 2-19-68, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Page C. Jett, M. D.		DEGREE	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 3-13-68	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Page C. Jett, M. D.		Prince Frederick, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb. 18, 68	23c. NAME OF CEMETERY OR CREMATORIAL Carrolls Ch. CEM.		23d. LOCATION (City or Town) BETHSTON - Cal. Rd		(County) (State)
24. FUNERAL DIRECTOR Linenay E. Sewell Prince Frederick		ADDRESS M. D.		25a. REC'D BY REGISTRAR MAR 19 1968		25b. REGISTRAR'S SIGNATURE Charles Jett	
30M REV. 1/68							



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print)		First Mary	Middle Elizabeth	Last Milling	2a. DATE OF DEATH Month 3 Day 18 Year 60	2b. HOUR 9:10 a.m.
3. SEX female		4. RACE white		5. DATE OF BIRTH 6-13-85		6. AGE (In years last birthday) 82 yrs.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) housewife		12b. KIND OF BUSINESS OR INDUSTRY Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13c. CITY OR TOWN Calvert		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER —
14. FATHER'S NAME First Thomas		Middle Allen	Last Sarah	15. MOTHER'S MAIDEN NAME First Blanche		Middle Last McReady Address Lusby, Md.
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no		16b. SOCIAL SECURITY NO. 217-34-1981		17. INFORMANT Blanche Janosi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 13 hours
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		18b. CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause loss		18c. CONSEQUENCE OF Deceased Dennis Thompson		10 days
18d. CONSEQUENCE OF (b)		18e. CONSEQUENCE OF (c)		18f. CONSEQUENCE OF Upper Respiratory Infection		3 weeks
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.)		21f. LOCATION Street or R.F.D. No		City or Town County State
22a. I certify that (I) (this hospital) attended the deceased from March 8, 1968, to March 18, 1968, that (I) (we) last saw the deceased alive on March 18, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE Page C. Jett		DEGREE ATTENDING PHYS	22c. MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS <input type="checkbox"/>	22d. DATE SIGNED 3-18-68		
22d. PHYSICIAN'S NAME (Type) Page C. Jett, M.D.		22e. ADDRESS Prince Frederick, Maryland 20678				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 21, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Middleham Chapel Cemetery		23d. LOCATION (City or Town) Lusby (County) Calvert (State) Md.
24. FUNERAL DIRECTOR A. A. Harkness & Son, Inc., Republic, Md.		ADDRESS		25a. READ BY REGISTRAR DATE MAR 20 1968		25b. REGISTRAR'S SIGNATURE Charles Jett

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 4 may be retained by the hospital or attending physician.

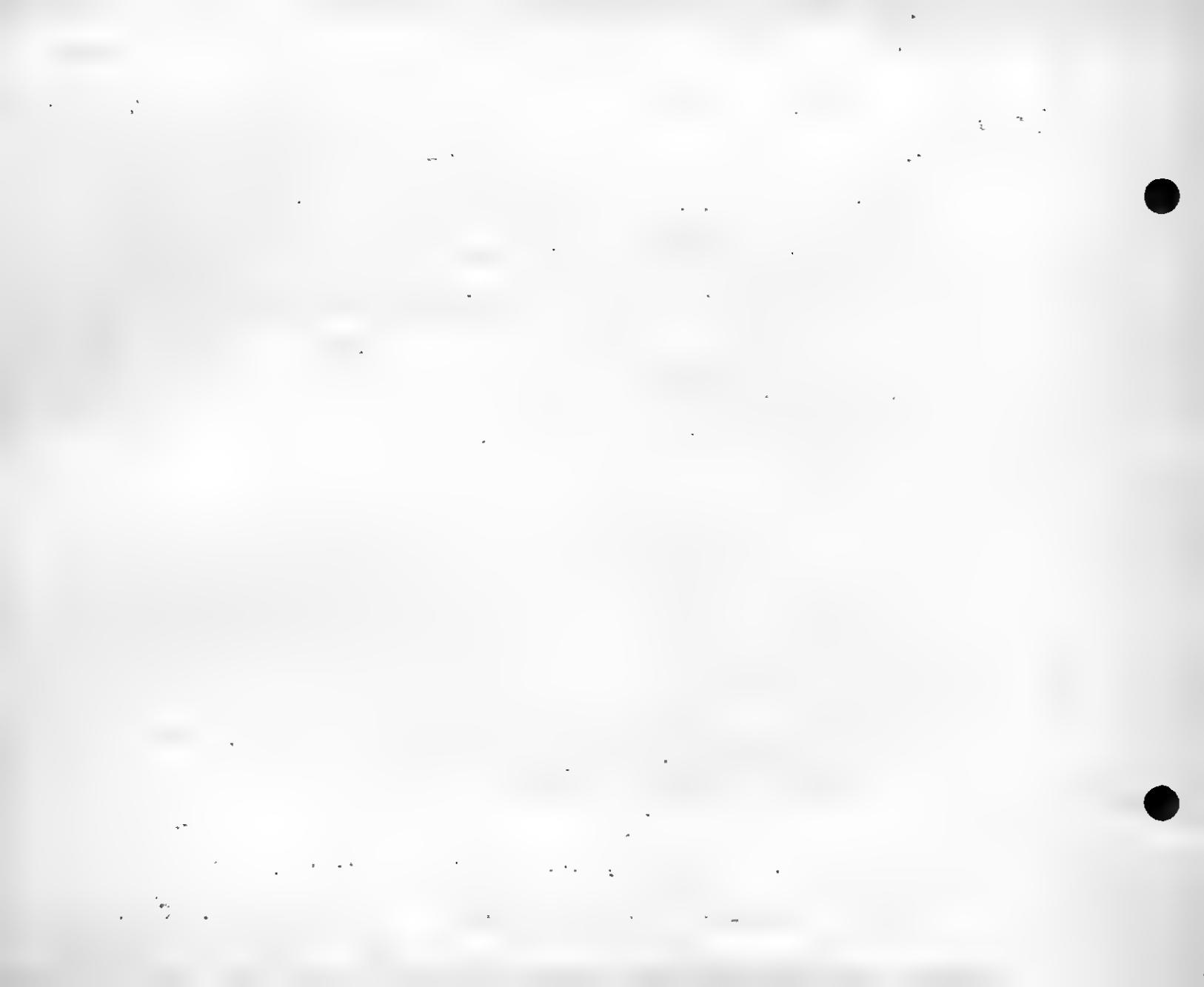


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Artena	Middle Vaughn	Lost	2a. DATE OF DEATH Month March		Day 27	Year 1968	2b. HOUR 12:00PM		
3. SEX Female		4. RACE Negro		5. DATE OF BIRTH 2-26-15		6. AGE (In years last birthday) 53		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert					
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Domestic		12b. KIND OF BUSINESS OR INDUSTRY Calvert					
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Maryland		13b. COUNTY Calvert		13c. CITY OR TOWN Prince Frederick		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13e. STREET AND NUMBER Zip 20678			
14. FATHER'S NAME First Arthur		Middle E	Lost	15. MOTHER'S MAIDEN NAME First Sewell		Middle Effie		Last Brooks			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO (If yes give war or dates of service) 579-44-5870		17. INFORMANT Bernice Sewell		Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the pancreas										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.											
DUE TO, OR AS A CONSEQUENCE OF (b)											
DUE TO, OR AS A CONSEQUENCE OF (c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1575											
19a. DATE OF OPERATION 1575		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from March 6, 1968 , to March 27, 1968 , that (I) (we) last saw the deceased alive on March 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										22c. DATE SIGNED 3-27-68	
22b. SIGNATURE <i>Issam F. el Damalouji</i>		DEGREE <i>M.D.</i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>						
22d. PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D.		22e. ADDRESS Prince Frederick, Maryland 20678									
23a. BURIAL, CREMATION, REMOVAL (Specify) # 3-31-68		23b. DATE # 3-31-68		23c. NAME OF CEMETERY OR CREMATORIAL Mt. Oliver Ch.Cem		23d. LOCATION (City or Town) Prince Fred. Cal. Md		(County) (State)			
24. FUNERAL DIRECTOR <i>Linckley E. Sewell Prince Fred. Md.</i>		ADDRESS		25a. REC'D BY REGISTRAR DATE APR 1 - 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					



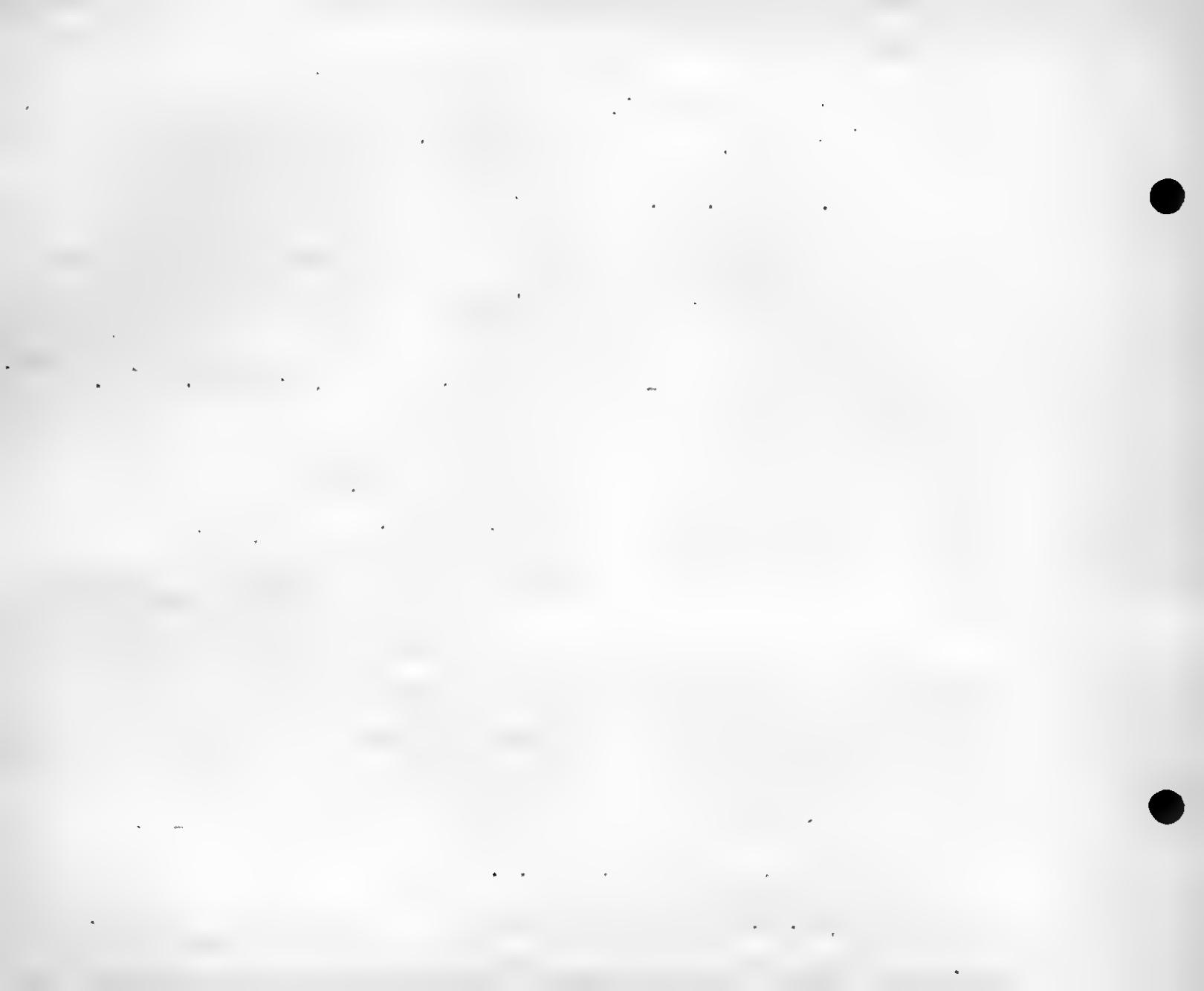
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)			First Edna	Middle Rynell	Last Penn	2a. DATE OF DEATH Month 3	Day 12	Year 68	2b. HOUR/HM 11:00M			
3. SEX female		4 RACE white	5. DATE OF BIRTH 5-9-86			6 AGE (In years last birthday) 81		7. IF UNDER 1 YEAR MONTHS 0		8. IF UNDER 24 HRS. DAYS 0		
7a. BIRTHPLACE (State or foreign country) Washington, D.C.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Calvert						
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife			12b. KIND OF BUSINESS OR INDUSTRY Domestic				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Anne Arundel	13c. CITY OR TOWN Fairhaven			13d. INSIDE C/TY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Hyattsville, Md.				
14. FATHER'S NAME First Edward		Middle R	Last Drew	15. MOTHER'S MAIDEN NAME First Gussie			Middle Middle Last Granger					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 218-30-3462			17. INFORMANT Mrs. Edna Keegan, 6123 Westland Dr.			Address Hyattsville, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 410.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Embolism.		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 410.1										(c) Coronary Heart Disease		
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22. I certify that (I) (this hospital) attended the deceased from Jan. 26, 1965, to March 12, 1968, that (I) (we) last saw the deceased alive on March 12, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <i>Issam F. el Damalouji</i>		22c. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22d. DATE SIGNED 3-12-68				
22e. PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D.		22e. ADDRESS Prince Frederick, Maryland										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 15, 1968		23c. NAME OF CEMETERY OR CREMATORIUM Cedar Hill Cemetery			23d. LOCATION (City or Town) Washington		(County) D.C.		(State)	
24. FUNERAL DIRECTOR Hutchins Funeral Home (Owings, Md.)		ADDRESS Hutchins Funeral Home (Owings, Md.)		25a. REC'D BY REGISTRAR DATE MAR 15 1968			25b. REGISTRAR'S SIGNATURE Charles J. George					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

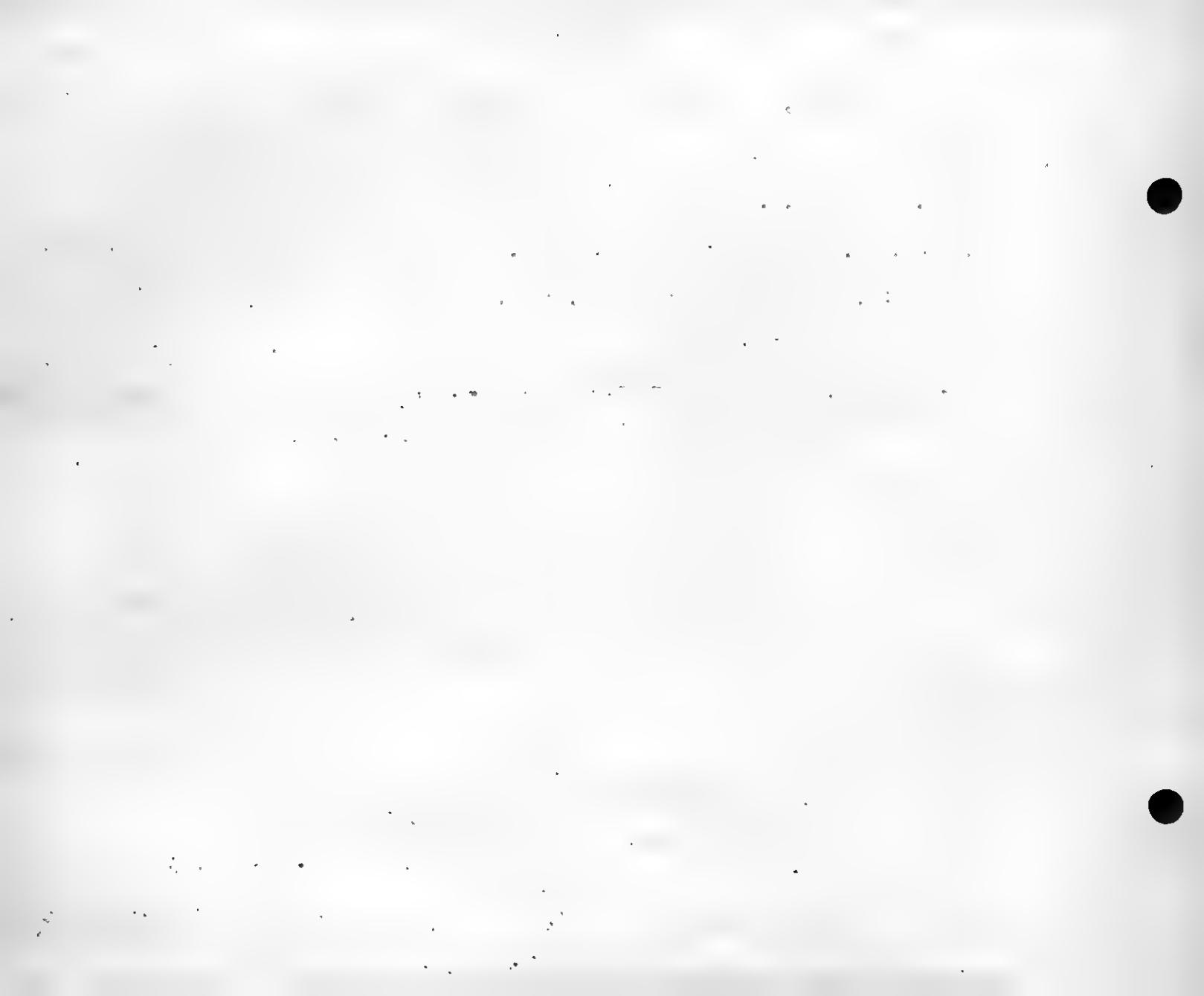
INTO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. ~~Page 2~~ ^{Page 2} and file with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

VR A15 {
30M REV. 1}

1. DECEASED-NAME (Type or print)		First Thomas,	Middle Norwood	Lost Stafford	2a. DATE OF DEATH March Month 16 Day 68 Year 5:30pm	2b. HOUR 5:30pm	
3. SEX male		4. RACE White		5. DATE OF BIRTH 5-25-1900		6. AGE (In years 67 lost/birthday) YRS.	7. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Calvert	
10. CITY OR TOWN OF DEATH Pr. Fred. Md.		11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) Calvert County Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Handyman		12b. KIND OF BUSINESS OR INDUSTRY Dry cleaners	
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.		13b. CITY OR TOWN Calvert		13c. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER BARSTOW, Md	
14. FATHER'S NAME First Benjamine Stafford		Middle Stafford	Lost Pr. Fred.	15. MOTHER'S MAIDEN NAME First Ida		Middle E.	Lost Cusick
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO None		17. INFORMANT Mr. Thomas J. Stafford Jr. Baltimore 15 Md		Address 7729 Ellerline	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 74.2 4		DUE TO, OR AS A CONSEQUENCE OF (b) Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost		Heart Failure.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to 3-16, 1958, that (I) (we) last saw the deceased alive on 3-15-1958, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Jewell		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) JAMALOUJI		22e. ADDRESS Prince Frederick Md.					
23a. BURIAL, CREMATION OR REMOVAL (Specify) Burial		23b. DATE March 19, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Woodlawn Cemetery		23d. LOCATION (City or Town) Woodlawn Cemetery	
24. FUNERAL DIRECTOR Frank F. Jewell		ADDRESS 10000 N. Larchmont Blvd. 8, N.W.		25a. REC'D BY REGISTRAR Date MAR 22 1968		25b. REGISTRAR'S SIGNATURE James J. Juges	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03905

03884

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
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1. DECEASED-NAME (Type or print)		First ELLA	Middle CASE	Last <i>VARNES</i>	2a. DATE OF DEATH Month <i>Mar</i> Day <i>1</i> Year <i>1968</i>		2b. HOUR 5:00 P.M.
3. SEX Female		4. RACE White		5. DATE OF BIRTH August 17, 1888		6. AGE (In years last birthday) 79 YRS.	
7a. BIRTHPLACE (State or foreign country) New York		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Maryland Calvert County	
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Domestic	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13c. CITY OR TOWN COUNTY Calvert North Beach		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME First Ansel		Middle Case	Last	15. MOTHER'S MAIDEN NAME First Chloe		Middle	Last Smith
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 214-48-7816		17. INFORMANT Ralph Varnes, Jr.		Address 4000 Brooks Drive Suitland, Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>7824</i> <i>Cardease failure</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF							
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>7824</i>							
19a. DATE OF OPERATION <i>7824</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from <i>2/6</i> , 19 <i>58</i> , to <i>3/1</i> , 19 <i>68</i> , that (I) (we) last saw the deceased alive on <i>3/1</i> , 19 <i>68</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>G. J. Weems</i>		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED March 1, 1968	
22d. PHYSICIAN'S NAME (Type) G. J. Weems		22e. ADDRESS Huntingtown, Maryland 20639					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 1, 1968		23c. NAME OF CEMETERY OR CREMATORIAL So. Memorial Gardens		23d. LOCATION (City or Town) (County) (State) Dunkirk Calvert Md.	
24. FUNERAL DIRECTOR <i>Hutchins Funeral Home</i>		ADDRESS Owings, Maryland		25a. REC'D BY REGISTRAR DATE MAR 5 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.)

1. DECEASED NAME (Type or print)	First Fendall	Middle Vermillion	Last Vermillion	2a. DATE OF DEATH Month 3 Doy 17 Year 68	2b. HOUR 7:30 p.m.
3. SEX male	4. RACE white	5. DATE OF BIRTH 5-18-80		6. AGE (In years last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Calvert County		
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Tobacco Farming	12b. KIND OF BUSINESS OR INDUSTRY Own Farm		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Pr. Georges/	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER --		
14. FATHER'S NAME William H	First Vermillion	15. MOTHER'S MAIDEN NAME Sarah	Middle Vermillion	Last Pope	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no	16b. SOCIAL SECURITY NO. 217-36-8161	17. INFORMANT Fendall C. Vermillion	Address Upper Marlboro Sarver Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7824 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 7824					
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County
22a. I certify that (I) (this hospital) attended the deceased from April 16, 1964, to March 17, 1968, that (I) (we) last saw the deceased alive on March 17, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE Fendall C. Vermillion		DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 3-18-68
22d. PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D.		22e. ADDRESS Prince Frederick, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/21/68	23c. NAME OF CEMETERY OR CREMATORIAL Epiphany Cemetery	23d. LOCATION (City or Town) Forestville	(County) (State) Md.
24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md.		ADDRESS Ritchie Bros. Upper Marlboro, Md.	25a. REC'D BY REGISTRAR APR 3 1968	25b. REGISTRAR'S SIGNATURE Charles Judge	

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